

Affidavit

I _____ [name of affiant] _____,
[title of affiant] _____ representing _____ [name of reporting entity
or "my practice", if representing a personal practice of a profession
listed under Tenn. Code Ann. § 56-54-101(a)(2)]
_____ do hereby declare that I am aware of, and
understand the requirements of, Tenn. Code Ann. § 56-54-101 *et seq.*,
and Tenn. Comp. R. & Regs., tit. Dept of Commerce and Ins., ch.
0780-1-84 (Medical and Professional Malpractice Claims and Expense
Reporting). I further certify that the aforementioned natural person or
entity is a "reporting entity" under Tenn. Code Ann. § 56-54-101(a)
but has had no claims asserted or filed against it and therefore has no
information to report for the reporting period of January 1, 2005,
through December 31, 2005.

(Signature of Affiant)

[Use the following provided notary statement or insert an appropriate
notary statement for the state of domicile here with signature and
seal]

County of _____;
State of _____;

Sworn to and subscribed before me on this the _____ day of
_____, 2006.

My commission expires on _____.

(Signature of Notary)

[seal]